

Individualized Education Program

(Rev. 7/99)

Effective dates of the IEP (month/day/year)

____/____/____ to
____/____/____

A. Student Name (Last, First, MI)		Birthdate (month/day/year) ____/____/____		Sex [] M [] F	
Grade	Race 1 2 3 4 5	Student's Primary Language or Communication Mode			
Current Address		City	State	Zip	Phone Number
Serving School		City	State	Zip	Phone Number
Resident School (If different from serving school)		Student Social Security Number (Optional)			
School District of Residence (If different from serving district)		Check items that apply. <input type="checkbox"/> Open Enrolled in same district <input type="checkbox"/> Agency Placed <input type="checkbox"/> Open Enrolled in another district <input type="checkbox"/> Home Education			

B. Name of Parent(s)		Home Telephone Number		Other Telephone Number	
Address (if other than Student's Permanent Residence Address)				Primary Language at Home	
Is there a Guardian/Educational Surrogate/Foster Parent <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ <input type="checkbox"/> Guardian <input type="checkbox"/> Educational Surrogate <input type="checkbox"/> Foster Parent					
Address		City	State	Zip	

C. IEP Case Manager		Telephone Number	
IEP Type [] Initial [] Annual	Date of Last Comprehensive Individual Assessment Report (month/day/year) ____/____/____		
Federal Child Count Code A B C D E F G H I	Primary Disability	Secondary Disability(ies)	
D. Date of IEP Meeting (month/day/year) ____/____/____	List Names of All Team Members		Check Attendance
*Parent			[] Yes [] No
Parent			[] Yes [] No
Student			[] Yes [] No
Administrator/Designee			[] Yes [] No
Special Ed Teacher			[] Yes [] No
General Ed Teacher			[] Yes [] No
Representative of district of residence			[] Yes [] No
			[] Yes [] No
			[] Yes [] No
			[] Yes [] No
			[] Yes [] No

* If the parent did not attend the IEP meeting, describe effort to arrange a mutually agreed upon time and place. Include date, contact, and outcome of each effort.

E. Present Levels of Educational Performance

The present level of educational performance is an integrated summary of information from all sources including the student's family. Summarize and discuss parent information and student progress toward previous goals and objectives. Include the parents' perspectives and insights about their child's learning strategies, social skills, interests, and any existing medical diagnoses that are important contributions to creating a description of the whole child. The statement should include current information about the student's specific strengths and weaknesses, progress in the general education curriculum, unique patterns of functioning, and implications of the problem areas on the student's total functioning. Performance areas to be considered include the following:

- | | |
|-------------------------|--|
| ✓ Cognitive functioning | ✓ Sensory status |
| ✓ Academic performance | ✓ Health/physical status |
| ✓ Communicative status | ✓ Emotional and social development, and behavior skills (including adaptive behavior, if applicable), ecological factors |
| ✓ Motor ability | ✓ Functional skills, community participation |

F. Annual Goals, Short-Term Objectives, and Characteristics of Services

Use one page for each annual goal. Thoroughly state the annual goal. Annual goals should be reasonably achieved in one year and should be unique to the student. Related Services should appear ONLY as objectives that are integrated into the student's instructional program.

Annual Goal (behavior or skill, desired ending level of achievement, intent or purpose of the behavior):

Goal # _____ of
_____ goals

Short-Term Instructional Objectives and Characteristics of Services:

List *objectives* for each goal including conditions under which the behavior is performed, the specific behavior, measurable criteria, evaluation procedures, and schedules for determining if objectives are being achieved (initiation date, dates for progress checks). The person responsible for monitoring progress will be added upon completion of Section J.

For each objective, consider and document the following *characteristics of services* information:

Does the performance specified in the objective(s) promote the child's involvement and progress in the general education curriculum?

How might services be modified to enable greater involvement and progress in the curriculum? Describe the needed modifications or adaptations.

If the child will not participate in the general education curriculum, provide a justification for the alternative selected. Describe the specially designed instruction (e.g., specially designed driver education) or supportive training related to the disability (e.g., braille instruction/occupational therapy).

Who will provide the modifications/adaptations OR the specially designed instruction/supportive training related to the disability described above?

Progress reporting to parents will occur at least as often as reporting in general education (report cards). Written reports will be provided every:

☐ 6 weeks ☐ 9 weeks ☐ Other schedule (specify:_____)

G. Adaptation of Educational Services

Describe changes in educational services that will be made to permit successful accommodation and education of this student (e.g. grading, credits, staff, transportation, facilities, materials, braille, equipment, technology, adaptive devices, curriculum, methods, and other services). Include procedures for monitoring equipment, if applicable.

Assistive Technology MUST be considered for each student with a disability.

Does the student need assistive technology devices and services to access the general education curriculum (or FAPE)?

☐ No ☐ Yes If "Yes" is checked, explain.

Describe the student's participation in district-wide and statewide assessment.

☐ Student will participate without accommodations.

☐ Student will participate with accommodations specified below: [Note: Some students may participate in portions of district/statewide assessments.]

☐ Student will participate in alternate assessment. Justification for not participating in district or statewide assessments and the description of alternate assessment **must be provided**.

Positive Behavior Interventions and Strategies.

Does the Present Level of Educational Performance include a description of problem behavior that impedes the student's own learning or the learning of others?

☐ Yes ☐ No

Does the student's disability limit his/her understanding of school rules and consequences?

☐ Yes ☐ No

Does the student's disability limit or influence his/her ability to follow school rules?

☐ Yes ☐ No

If "Yes" is checked for any of the above questions, then the components of a Behavior Intervention Plan must be documented.

Documentation of Behavior Intervention Plan can be found: ☐ in goals and objectives ☐ in adaptations section ☐ in an attachment.

H. Description of Activities with Students Who Are Not Disabled

Physical Education. Indicate type of physical education program that the student receives:

☐ regular P.E. ☐ adaptive/specially designed P.E. (include specific goals and objectives on page 3)

Participation in Academic and Nonacademic Activities:

Check any program options in the boxes below in which the student will be participating with students who do not have disabilities.

Program Options (300.305).

Comments:

☐ Art. ☐ Industrial Arts
☐ Music ☐ Vocational Education
☐ Home Economics ☐ Other_____

Nonacademic and Extracurricular Services and Activities (300.306).

Comments:

☐ Counseling ☐ Meals
☐ Employment Referrals ☐ Recess
☐ Athletics ☐ Recreation
☐ School Sponsored Clubs ☐ Special Interest Groups
☐ Transportation ☐ Other_____

I. Least Restrictive Environment Justification

This page is intended as a SUMMARY for all Goals, Objectives, Characteristics of Services, Adaptations, and Special Education and Related Services information included on pages 3 and 4. Check all settings in which the special education and related services will be provided. **Note: Use this setting information to determine the federal child count code in the left column, and circle this code in Part C on front page of the IEP.**

FEDERAL CHILD COUNT CODE: <input type="checkbox"/> A. Regular Class <input type="checkbox"/> B. Resource Room <input type="checkbox"/> C. Separate Class <input type="checkbox"/> D. Public separate school (day) facilities <input type="checkbox"/> E. Private separate school (day) facilities <input type="checkbox"/> F. Public residential facilities <input type="checkbox"/> G. Private residential facilities <input type="checkbox"/> H. Correction facilities <input type="checkbox"/> I. Homebound/hospital environments	SETTING:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: right;">Percent of time/week</th> </tr> <tr> <td>Regular Education</td> <td></td> </tr> <tr> <td>Special Education (select if not 100% regular ed)</td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td><input type="checkbox"/> limited special services (< than 21% of time/wk)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> resource room services (21-60% of time/wk)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> separate class (> than 60% of time/wk)</td> <td></td> </tr> <tr> <td>Integrated community</td> <td></td> </tr> <tr> <td>Other _____</td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td>100%</td> </tr> </table>	Percent of time/week		Regular Education		Special Education (select if not 100% regular ed)		<input type="checkbox"/> limited special services (< than 21% of time/wk)		<input type="checkbox"/> resource room services (21-60% of time/wk)		<input type="checkbox"/> separate class (> than 60% of time/wk)		Integrated community		Other _____		TOTAL	100%
Percent of time/week																				
Regular Education																				
Special Education (select if not 100% regular ed)																				
<input type="checkbox"/> limited special services (< than 21% of time/wk)																				
<input type="checkbox"/> resource room services (21-60% of time/wk)																				
<input type="checkbox"/> separate class (> than 60% of time/wk)																				
Integrated community																				
Other _____																				
TOTAL	100%																			

Explain why options selected above are the most appropriate and the least restrictive. Describe other options considered, and provide reasons those options were rejected.

Is there a potential harmful effect to the student with this placement? ☐ Yes ☐ No

Is there a potential harmful effect to the student's peers with this placement? ☐ Yes ☐ No

If yes to either question, make sure the explanation for the selection of the placement option documents this concern for potential harmful effect.

J. Special Education and Related Services

*Services	Min./Week	Starting Date (month/day/year)	Service Provider and Telephone	Location of Services Building Name AND Room (if another school district, provide district name)

* The duration of these services may not exceed one year (12 months) from the date of this IEP.

Length of school day:

☐ The student will attend for the full school day.

☐ The student will attend for a shorter or longer school day than peers. (Explain why this is necessary.)

Extended school year MUST be considered for each student with a disability. Justification for the decision made MUST BE STATED BELOW.

☐ The review of each goal indicates that an extended school year is needed.

☐ The review of each goal indicates that services will be in effect for the normal school year.

☐ The team needs to collect further data before making this determination and will meet again by _____.

Justification for the above decision: